The Bridgewater Correctional Complex

1855 - 1987

A Policy Report of the Senate Committee on Ways and Means

Patricia McGovern, Chairwoman

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EXECUTIVE SUMMARY

The Massachusetts Correctional Institution at Bridgewater (MCI-Bridgewater), the Commonwealth's largest correctional complex, is located 28 miles from Boston on a 1,460 acre site. Since it is often referred to as a single institution, few among the public are aware that MCI-Bridgewater actually consists of five separate and distinct facilities, each of which serves a different population. While the five facilities share certain central services, such as maintenance and waste water treatment, each facility has its own administrative structure, its own perimeter security, its own enabling legislation and statutory mission, and its own unique history. Housing approximately 1,800 inmates on any given day, MCI-Bridgewater has evolved into a complex of institutions each with a different purpose, a multitude of admission procedures, populations of mixed legal status and treatment needs, and a range of discharge procedures.

Originally constructed in 1855, today MCI-Bridgewater consists of the following facilities:

1. The State Hospital: A free-standing maximum security prison hospital housing over 400 inmates and administered by the Department of Correction. The Department of Mental Health shares the appointing authority for the Medical Director who governs the clinical program at the facility. (Note: this facility is often referred to as the "State Hospital for the Criminally Insane")

2. The Treatment Center: A new $22 million medium security prison, with an average daily population of 263 inmates who have been classified by the courts as "Sexually Dangerous Persons (SDP)." The Department of Mental Health administers the treatment program while the Department of Correction is responsible for both security hardware and security staff.

3. The Addiction Center Hospital: A minimum security prison hospital located within the walls of the old prison building, administered entirely by the Department of Correction but licensed by the Department of Public Health, and housing an average population of approximately 350 men. On any given day over 90 percent of the "inmates" have signed themselves in on 10 day voluntary commitments. Given a rate of over 10,000 admissions per year, the Addiction Center is perhaps the Commonwealth's largest homeless shelter.

4. Southeastern Correctional Center (SECC): A Department of Correction medium security prison with an average daily population of over 600 male inmates.

5. Old Colony Correctional Center (OCCC): A new Department of Correction medium security prison which is in the process of a phased opening during this fiscal year. Housing 90 inmates currently, it is anticipated that by the end of the fiscal year over 600 inmates will be housed at OCCC.

Admission to the "five Bridgewaters" may be accomplished through a variety of routes (see Appendix A for a detailed description) including: criminal commitment by the courts; civil commitment by the courts; transfer by the Department of Correction, the Department of Mental Health, or any county jail or house of correction; referral by a police officer; or simply signing-in on a voluntary basis.

The length of commitments are equally varied, ranging from brief observation periods of five days to twenty, thirty, and forty day evaluation periods, and finally to an indeterminate period of one day to life.

Obviously, the population and facility mix at the MCI- Bridgewater complex presents a variety of organizational and administrative challenges. Joint superintendence of the facilities involving primarily the Department of Correction and the Department of Mental Health creates not only bureaucratic difficulty but often unresolvable conflict between competing interests related to security and treatment. However, the Committee's study notes that the problem of joint administration and/or jurisdiction is based, for the most part, in statute.

Although there have been many administrative configurations at MCI-Bridgewater throughout its 132 year history, the current governing structure involves one superintendent for SECC, another for OCCC, another for the state hospital, and a fourth responsible for the Addiction Center, the security staff of the Treatment Center, and the centralized services provided to all five institutions. Each of these superintendents reports

directly to the Commissioner of Correction. Meanwhile, the administrator of the Treatment Center who is responsible for the daily operation of the clinical program reports to the Commissioner of Mental Health, bypassing the chain of command at MCI-Bridgewater entirely. The result is a management structure that makes the question "who runs the five Bridgewaters?" difficult to answer.

Recent deaths at two of the five facilities have attracted a level of public interest in MCI-Bridgewater not witnessed since the 1960's when a documentary entitled "Titticut Follies" (note: the old administration building at MCI-Bridgewater is on Titticut Avenue), directed by filmmaker Frederick Wiseman, brought the plight of Bridgewater's inmates to the nation's attention. The film, which paints a dramatic and explicit portrait of substandard treatment and neglect of the inmate population, quickly became a symbol of all that was wrong with America's "back wards" and helped to fuel reform movements directed toward the goal of deinstitutionalization.

The publicity resulting from the documentary also resulted in major reforms at the State Hospital facility. A new building was constructed in the early seventies to house the State Hospital, a "campus layout" and state of the art "non-intrusive" perimeter security designs were employed, and low-rise buildings were constructed to minimize the institutional aspects of the facility. Treatment staff and resources were upgraded substantially and a contractual arrangement with the Harvard affiliated McLean Hospital brought about remarkable improvements in the quality of forensic evaluations conducted at the facility.

In making reference to "Titticut Follies" the Committee does not wish to imply that conditions at MCI-Bridgewater today are in any way comparable to the state of the Bridgewater complex twenty or thirty years ago. Clearly, much progress has been achieved, particularly in the past ten years.

It is the Committee's intent, however, to ensure that renewed attention to MCI-Bridgewater be considered in a broader context which hopefully will result in even greater progress than that achieved in the past decade. With this goal in mind, the Committee has traced the history of MCI-Bridgewater from its evolution as the Almshouse for Paupers in 1855, through its years as the Workhouse for Vicious Paupers, to its more contemporary role in the Commonwealth's correctional system.

A compelling picture emerges from the Committee's analysis. Throughout its history, MCI-Bridgewater has provided a reflection of deficiencies in the Commonwealth's policies regarding public health, corrections, juvenile justice, mental health, social services, and forensic services. A study of MCI-Bridgewater's population is a study of those who have been excluded by the dominant elements of our social policy. In the nineteenth century they were vagrants, paupers, and tramps; today they are the severely disturbed mentally ill, alcoholics, and the homeless. Each population and sub-population at the Bridgewater complex is a graphic reminder of the flaws in our broader system of criminal justice and human services.

Yet, despite Bridgewater's 132-year history, the Commonwealth has never attempted a comprehensive review of the Bridgewater complex with a view toward the development of a well-defined policy regarding forensic mental health services. Meanwhile, the Department of Correction and the staff of MCI- Bridgewater have been expected to cope with an unworkable challenge. Perhaps the best illustration of this point is the fact that in 1987, in a state with a well-deserved reputation for progressive social policy, thousands of homeless individuals per year routinely "check themselves in" to a prison operated within the most severely overcrowded correctional system in America.

The Senate Committee on Ways and Means joins the Administration and the House of Representatives in recommending the immediate infusion of additional funds for Bridgewater State Hospital. The Committee today recommends $3,445,000 in supplemental funding. These funds will increase the clinical staff by 148 new positions including doubling the number of nurses and adding over 100 new positions for mental health workers and specially trained observers. In addition, the Committee recommends the funding of the first year of a four year plan to improve forensic mental health services by expanding the services to every county correctional facility and providing a team of forensic mental health experts to each court in the Commonwealth.

The Committee further recommends a joint Executive/Legislative effort to conduct a broader examination of the Commonwealth's forensic mental health delivery system and the provision of services to mentally ill men and women who require treatment in a secure environment.

The Committee recommends the immediate establishment of a panel of experts, consisting of individuals with expertise in the fields of forensic mental health, psychiatry, criminology, law, and management. The panel will operate on a four month timetable and be given a broad mandate to provide the Governor and the Legislature with a comprehensive plan for the improvement of the Commonwealth's forensic mental health system. (See Long Term Recommendations for a detailed outline of the proposed panel's activities.)

Furthermore, the panel will review the needs of female offenders who require forensic services. Although the Committee's study deals primarily with the system as it relates to the male offender population, the study notes the absence of any specialized facility for female offenders.

It is the Committee's sincere hope that the work of the panel will result in improved policy development, greater organizational and administrative clarity, improved management practices, better treatment, and a more limited, purposeful mission for MCI-Bridgewater within a larger forensic mental health delivery system.

THE BRIDGEWATER CORRECTIONAL COMPLEX

1855-1987

"It seems to us as though a hospital for insane criminals ought to be established in connection with one of our State institutions, wherein these poor unfortunates could receive much better care and attention under a skilled specialist... If such a building as suggested above were constructed, there would be plenty of tenants, and our already overcrowded State lunatic hospital would be relieved somewhat." Eighteenth Annual Report of the Commissioners of Prisons, *January 1889.*

EARLY HISTORY

A. Almshouse for Paupers, 1855-1866

From its beginning in the mid-nineteenth century, Bridgewater has served as a place for the misfits and wayward expelled from society. It was first opened in 1855 as an Almshouse for Paupers. Americans at the time were as apprehensive of those afflicted with poverty as they were of criminals and the mentally ill.

"Dependency, like deviancy, became the subject of frequent discussion and detailed research, with legislators and overseers of the poor and philanthropists all attempting to fathom its causes, to estimate its effects, and to frame appropriate responses. Observers feared that the paupers were draining the nation's resources, demoralizing its labor force, and threatening its stability--and added these worries to a dread of crime and insanity." (Rothman, 1971)

The Almshouse for Paupers held both adults and children who had become wards of the state through some economic misfortune or "immoral behavior". The young were readily mixed with the aged and infirm. Noted historian Professor David Rothman described this mix:

"To the feeble, the old, the weak, and the sickly, the almshouses would offer care and attention, ministering to them with solicitude and compassion. To the unemployed, the able-bodied victims of hard luck, it would, either in its own quarters or in conjunction with a workhouse, provide the opportunity for labor, and thus dispense relief without enervating the recipient. To the vicious, the idle who wanted nothing else but a dole, it would teach the lesson of hard labor, insisting that anyone who received public funds spend his day at a task." (Rothman, 1971)

B. The State Workhouse, 1866-1887

In 1866, through legislative action, the Almshouse at Bridgewater was changed to the Workhouse for Vicious Paupers. Of the workhouse system, a Senate Document published in 1870 notes that "a large majority of those confined in it come from the vicious classes of society. They are made up of the criminal poor--the lewd, the intemperate, and those suffering from a disease which is in itself a proof of their abandoned character." (Senate Report No. 110, 1870) In that year there were 323 commitments to the Workhouse.

C. State Farm, 1887-1919

In 1887 the facility became the State Farm and its agricultural operations were expanded. Indeed, farming increasingly became an important purpose of the facility and the annual reports of superintendents focused as much attention on crop and livestock production as they did on activities and services for inmates. According to the Eighteenth Annual Report of the Commissioners of Prison (January 1889), in its first year the State Farm received 234 commitments including six women. Their crimes against public order and decency included tramp (155), vagabond (43), drunkenness (23), and escape (10). At the close of the year (September 30, 1888) there were 129 men and five women held at the facility. These inmates were put to the task of raising crops, tending to livestock, and performing other agricultural tasks.

Many inmates in the workhouses, almshouses, and penitentiaries of the late nineteenth century were diagnosed as having some form of mental illness. Among them, some were classified as "criminally insane" because of their proclivity towards disruptive and violent behavior. Prior to 1890, these mentally ill prisoners were sent to the State Lunatic Hospital at Worcester. In addition to this criminal population, the Worcester Hospital housed those who were civilly committed. One commentary describes an all too familiar scene:

"No separate buildings existed for noisy and violent inmates, patients were hardly classified. (Hospital Superintendent) Woodward complained bitterly that the buildings were too few, that classification was impossible, and that attendants were difficult to train. To his extreme displeasure, convalescing patients mingled with violent ones, inmates damaged much of the asylum property, the atmosphere was disorderly, and the patients were clearly not under firm control. Separation and classification became problems as the number of chronic inmates increased and violent ones inflicted, in Woodward's opinion, 'positive injury' on others, and themselves received inadequate care." (Rothman, 1971)

Due principally to their violent nature, the "criminally insane" became too burdensome for the State Lunatic Hospital and the Commonwealth began to send them to the State Farm at Bridgewater. The Massachusetts legislature formalized this arrangement in 1895 by statutorily mandating that "all male prisoners who are announced insane after an examination are removed, if the Governor so decides, to the State Asylum for Insane Criminals which is a department of the State Farm at Bridgewater." Through the end of the century, there was an average of 85 prisoners removed to the Asylum each year.

At the end of their sentences these prisoners would be discharged. In 1899, the Massachusetts Supreme Judicial Court, in its decision In re Donne, changed this practice. It stipulated that if the insane prisoner did not recover before the expiration of his sentence he was required to remain in the State Asylum as an insane person, subject to be discharged at any time, as was the case for other "lunatics." In essence, this decision made the rules for discharge of the criminally insane consistent with those for the civilly committed.

D. State Farm of the Bureau of Prisons, 1919-1955

In accordance with the provisions of Chapter 199 of the Acts of 1919, supervision of the State Farm was transferred from the State Board of Charity and Trustees of the State Infirmary and State Farm to the Bureau of Prisons. The institution then consisted of three departments--prison, alms, and insane.

As reported in its Annual Report for 1919, the State Farm held as many as 1,812 inmates during that year, including 860 "lunatics," 547 male and 87 female prisoners, and 318 paupers. This was the lowest census in thirty years causing the Bureau to warn the legislature that the physical plant and farming production may suffer "unless your honorable body extends the authority of the courts in the matter of commitments, or makes some arrangements whereby its population may be materially increased in numbers." This decline in population was seen in all correctional institutions. The Bureau reported that "not since prison statistics in this State have been compiled have there been so few commitments to the penal institutions of the Commonwealth as the number of persons committed during the year ending September 30, 1919." The Bureau attributed the drop-off to "wartime prohibition, probation and abnormal industrial conditions."

In the same year, the insane department of the State Farm reported 72 admissions: 56 from state and county correctional institutions; 14 from the courts; and one each from hospitals for the insane and from jails awaiting trial. The prison department reported 1,046 admissions: 802 for drunkenness; 194 for tramps, vagabonds, and vagrants; and the balance for idle and disorderly, offenses against morality, nonsupport, assault, larceny, property damage, disturbing the peace, and escape. The alms department, housing both male and female aged and infirm poor, reported 240 admissions. Most were the overflow of admissions to the State Infirmary in Tewksbury.

In 1922, two additional populations were added. In May of that year the Department for Defective Delinquents was established at the State Farm. In the 1922 Annual Report, the Commissioners of Correction characterized the creation of this distinct unit as a pioneering effort in caring for and studying the "morally deficient, morally blunted, or with character traits which form a basis for his delinquencies [and] make of him a social misfit and public liability." These people need not have been convicted or even charged with a crime. The court needed only to be satisfied that the person was dangerous or had dangerous tendencies. In the first five months of operation there were 33 admissions: 20 transferred from the Wrentham State School; 5 from the School for the Feeble-Minded at Waverly (as persistent violators of school rules); 7 direct court commitments; and 1 from the Department of Public Health.

The Bridgewater population also expanded with the enactment of Chapter 535 of the Acts of 1922 which provided for the commitment of drug ad-

dicted patients to the State Farm for up to two years. The commitment could be made without a criminal conviction, similar to the process for committing the insane. In 1923 the State Farm received one admission pursuant to this Act. As of September 30, 1922 the other departments of the State Farm held 1,640 inmates: prison department--459 male and 65 female prisoners; alms department--245 male and 1 female pauper; and the insane department--870 male lunatics.

Twelve years later (1934) the population stood at 2,445. The alms department was down to 4 paupers; the prison department housed 1,095 males and 1 female prisoner; the insane department held 913 patients; the defective delinquent department was up to 331 male and 81 female inmates; and there were 9 inebriates, 9 committed and 2 voluntarily admitted drug addicted patients. The superintendent, James E. Warren, and the Medical Director of the Insane Department, William T. Hanson, both recommended a separate institution for the criminally insane. "It should be under the supervision and control of the Department of Mental Diseases and not subjected to a divided responsibility." Furthermore, they urged that "minor offenders and men committed to our jails and houses of correction be committed to hospitals for civil cases..." (Annual Report of the Commissioners of Correction, 1934)

Theories of delinquent causality and reforms in the treatment of the insane proliferated in the early decades of the twentieth century. In their wake a major restructuring of large bureaucracies followed. Simultaneously, those charged with the care of the infirm and mentally ill became acutely aware of the need to separate these groups according to the demands they posed on society and their requisite needs, thus adhering to Superintendent Woodward's plea for classification and Superintendent Warren's urging separation of the mentally ill from the criminal population.

RECENT DEVELOPMENTS

In the middle of the twentieth century the Commonwealth's correction system underwent major restructuring. In 1955, acting upon the report of the Governor's Committee to Study the Massachusetts Correctional System (known as the Wessell Committee), the legislature enacted substantial reforms and changes in the organization of the Department of Correction. In unifying the then eight state prisons, the law gave each a common title and the State Farm became the Massachusetts Correctional Institution (MCI) at Bridgewater. The institution was broken into three separate departments; a fourth was added in 1959:

1. State Hospital housing a) mentally ill men deemed not proper commitments to a Department of Mental Health facility and found not competent to stand trial or not guilty by reason of insanity, b) convicted male offenders transferred from a correctional facility after becoming mentally ill, and c) civilly committed mentally ill men transferred from the Department of Mental Health because they were found to need greater security;

2. Treatment Center opened in 1959 under the Department of Mental Health for men committed by the courts under the "sexually dangerous person" law either for examination or long-term treatment for sexual dangerousness;

3. Prison Department for those sentenced for drunkenness, alcoholics voluntarily committing themselves for treatment and, later, drug dependent persons;

4. Defective Delinquent Department for those over the age of 15, charged with an offense "which creates a danger to life or limb," found to be "mentally defective" by two Department of Mental Health doctors and adjudged as such by the court.

A. Bridgewater State Hospital

In the 1960's and 1970's, as the result of significant developments in mental health treatment, the nature of Bridgewater State Hospital changed dramatically from one providing long-term care to one specializing in short-term evaluations and treatment.

The first development occurred in 1966 when the Supreme Court held in Baxtrom v. Herold that mentally ill persons could not be held in a maximum security psychiatric hospital longer than a criminal sentence without a hearing on the substantive issues of that commitment. The Commonwealth responded in 1968 by holding special Superior Court hearings at the State Hospital to determine whether the patient required the care, treatment, and security of Bridgewater. As a result, over 50 percent of the long-term care patients were discharged to other mental health facilities and services.

The second development which changed the complexion of the treatment at the state hospital oc-

curred with the 1971 reform of the Commonwealth's mental health statutes. In response to the Baxtrom decision, the legislature overhauled the laws regarding commitments to mental health hospitals, including Bridgewater State Hospital. The new law created separate processes for civil commitments and criminal referrals, and established the following requirements as standards for commitment: the person must be mentally ill, is not a proper subject for a mental health facility, and is in need of strict security. Moreover, the reform law greatly limited the amount of time an individual could remain at the State Hospital for observation or treatment without judicial review.

Despite these limitations on long-term commitment, admissions to Bridgewater State Hospital grew dramatically in the late 1970's. Between 1975 and 1982 the increase was almost 60 percent, from 716 to 1,137 admissions. Ironically, much of the increase was created by the deinstitutionalization of mental health facilities which began in the 1960's. While there was much support for the move to a community-based mental health system, full realization was complicated by judicially imposed limitations on involuntary treatment and inadequate resources to support patients in the community. Large numbers of the mentally ill were left homeless and unable to care for themselves. Many resorted to petty crime or substance abuse. This population ended up at Bridgewater. Some were committed through the courts or referred through the correctional system and others entered through the Addiction Center.

Two other significant events at Bridgewater in the early 1970's contributed to increasing commitments--a modern physical plant and improvements in professional care and treatment. In 1974 a new 450-bed State Hospital opened and was described by one therapist as a "modern, campus-like facility, surrounded by 'see-through' chain link fences rather than a solid wall." Closely following that was the introduction of a new treatment team. Until 1975, the State Hospital employed its own treatment staff. Following a hearing in federal court regarding a patient's alleged lack of treatment, the Department of Correction agreed to contract with outside experts for these services. The first contractor was McLean Hospital which brought to the facility a highly regarded, professional treatment staff and affiliation with Massachusetts General Hospital and the Harvard School of Medicine.

For the next ten years, the new facility operated relatively smoothly. However, the mid-1980's marked the onset of a period of organizational and management turmoil at the State Hospital, beginning with the retirement in March 1985 of long-time superintendent, Charles Gaughan. Since Gaughan's departure two years ago, the Department of Correction has employed three different superintendents.

The mid-1980's also saw a change in mental health service providers to Bridgewater. In 1986 Goldberg Associates was awarded the clinical program contract replacing McLean Hospital. A major turnover of treatment staff ensued, leaving a number of positions vacant for a lengthy period of time. Additionally, in the spring of 1987, the individual employed under contract as medical director was fired after accusations of absenteeism. In summary, since 1985 the State Hospital has had three superintendents and two medical directors.

B. Sexually Dangerous Persons Treatment Center

The first sexual psychopath law in Massachusetts was enacted in 1947 but was weak in several areas: constitutional questions regarding due process and commitment procedures, a reluctance by criminal justice officials to afford sex offenders nonpunitive civil procedures, the lack of any "cure" for this population, and the failure of the Commonwealth to construct treatment facilities. In 1954 the law was amended to address some of these concerns, but it too proved unsatisfactory. One outstanding issue continued to be the requirement that a sex offender be released at the end of his criminal sentence regardless of diagnosis of continued dangerousness.

This deficiency in the law was highlighted in 1957 by a double sex murder of two young boys by a recently released sex offender. Although diagnosed as "dangerous" by prison psychiatrists, he had been released from MCI-Concord at the end of his sentence as required by law. The legislature promptly rewrote the statute and created a one day to life civil commitment which was superimposed on any criminal conviction so that a person who continued to be "sexually dangerous" at the expiration of his criminal sentence could be held indefinitely under the indeterminate civil commitment.

The first Treatment Center was established within MCI-Concord by the Department of Mental Health

(DMH) in 1957. This facility was challenged and the Supreme Judicial Court ruled in 1959 that "confinement in a prison which is undifferentiated from the incarceration of convicted criminals is not remedial so as to escape constitutional requirements of due process." (Comm. v. Page, 339 Mass 313) The Concord Center was closed and the Treatment Center at MCI-Bridgewater was established.

In 1986, a new $22 million Treatment Center was opened by the Department of Mental Health. The opening of the new facility, coupled with improvements in management and treatment techniques, was largely responsible for the substantial release of the Commonwealth from a consent decree affecting Treatment Center operations.

The Department of Mental Health reports that since 1960, the Center has averaged 60 observations, 19 commitments, and 11 releases per year. The average length of stay is 12 years. Ninety percent of the population are committed patients and 10 percent are undergoing a 60 day evaluation.

Last year, the Department of Mental Health filed legislation to transfer management of the Treatment Center to the Department of Correction. This legislation was not enacted. The Department of Mental Health has recently proposed repeal of the civil commitment process under the sexually dangerous person (SDP) law. The Department reports that Massachusetts is one of only five states that continue to have indefinite or involuntary SDP commitments. The administrative proposals for change are based on an examination of the current population as well as recent national developments in the diagnosis and treatment of sexual psychopathy. According to mental health professionals, the personality disorder of so-called SDP's is not a recognized mental illness, nor is it considered treatable. Indeed, the Department of Mental Health reports that fewer than 10 percent of the inmates at the Center are diagnosed as mentally ill. Moreover, with regard to the original public safety intent of the statute, the DMH suggests that due to the inability of mental health professionals to diagnose and treat this population, it is also not possible for these professionals to predict safety for community release. Thus, DMH continues to propose that management and control of these offenders be transferred to the criminal justice system.

C. Addiction Center

Since its opening, Bridgewater had received a vast number of persons sentenced or committed for alcohol abuse. By 1957 the prison department's population consisted entirely of alcoholic men who had been sentenced for drunkenness, civilly committed for treatment, or admitted voluntarily. Of the 646 at the prison department, half were over the age of 50 and 96 percent had been committed previously to some institution. The total annual admissions for 1958 were 2,324, of which nearly half were voluntary commitments. The average daily population was 591; however, only 40 to 50 of the patients were civil commitments or voluntary admissions.

Those convicted of public drunkenness could receive a sentence ranging from a minimum of 60 days to a maximum of six months. Civil commitments were held for as long as two years; voluntary admissions had to be released within three days of a written request to leave.

As a result of the Drug Addiction and Rehabilitation Act of 1963, persons suffering from drug addiction could be committed to a drug treatment center for a period of two years. In 1967 a center was opened at MCI-Bridgewater under joint sponsorship of the Department of Correction and the Drug Addiction and Rehabilitation Board of the Department of Public Health. Of the first 283 patients admitted to the Bridgewater Center under this Act, 58 percent came voluntarily. Their average age was 23 years.

In 1968, the Addiction Center Hospital was established at Bridgewater. The Addiction Center Hospital combined the old Prison Department which continued to hold those sentenced for public drunkenness, a section which housed voluntary alcoholic admissions and a unit for drug addicts who were either voluntarily admitted or civilly committed. The Center was the largest of the institution's four departments with an average daily population of 451. However, reflecting a trend toward treating alcoholism as a disease rather than a crime, the population began to decline during the 1960's: in 1963 the average daily population was 720; in 1965 it was 642; and in 1966 it was 567. In 1967 the Center received a total of 2,264 sentenced drunkenness offenders, 3,877 voluntary alcoholic admissions, 81 court committed drug addicts, and 118 voluntary drug addiction admissions.

In 1971 the legislature enacted Chapter 111B entitled "The Alcoholism Treatment and Rehabilitation Law." With its enactment alcoholism was declared a disease and, for the first time in 350 years, the

crime of public drunkenness was stricken from the Commonwealth's statutes. The Department of Public Health was charged with the responsibility of operating and licensing detoxification facilities and treatment programs. The law authorized detoxification facilities at only two correctional institutions, MCI-Bridgewater and MCI-Framingham.

In 1972 the daily population of the Center averaged between 400 and 450 inmates. Over the next several years it continued to decline, recently there has been an upward trend: the average population in 1985 was 347; in 1986 it was 358; and through October 1987 it was 375.

One informed observer points to the multiple daily bus trips between the Center and the Pine Street Inn, and notes that today the Addiction Center tends to be a place of last resort for the homeless. Thus, the Addiction Center Hospital has virtually become a homeless shelter that takes in the spillover population from the Pine Street Inn and other homeless shelters throughout the Commonwealth.

D. Defective Delinquent Department

In 1954, following constitutional challenge to the Defective Delinquent commitment process, the Superior Court released many of these offenders. Soon thereafter, the laws governing this population were changed, requiring: a 35-day observation period, a pending charge for a crime which "creates a danger of life or limb," a finding by two Department of Mental Health doctors that the person is mentally defective, and a court hearing that the person is dangerous or has "dangerous tendencies that might make him a menace to others." Following these changes the defective delinquent population averaged 200 inmates. (Powers, 1968)

In the 1960's, the concept of "defective delinquency" was increasingly questioned. In 1967, the courts committed only one person to the unit. The average population was 144 and the mean age for this so-called delinquent population was 40 years. With the population at 88, the legislature abolished the defective delinquent laws and, on November 1, 1971, the unit was officially closed. Of the remaining delinquents, 57 were considered to be in need of strict security and were transferred to Bridgewater State Hospital, 6 were released to the community and 2 died. (Powers, 1973)

E. Prison Facilities

In recent years, the Bridgewater complex has been the site for two new state prisons. A 199-bed medium security prison, Southeastern Correctional Center (SECC), was opened in 1976 in the old Bridgewater State Hospital building. While it is not specifically designed or equipped to serve special populations, mentally ill prisoners not requiring Bridgewater placement tend to be classified by the Department of Correction for SECC. A second medium security prison, Old Colony Correctional Center, is scheduled to open by the end of this year. Having a capacity of 459 inmates, it is located on the site of the old Defective Delinquent unit.

CARE AND TREATMENT OF WOMEN

Throughout its history the Commonwealth has treated deviant and violent women in parallel fashion to men, but in different and often worse facilities. In the mid-nineteenth century, women prisoners were serving sentences at the Workhouse for crimes such as drunkenness, "disorderly housekeeping," and "stubbornness." Women with special needs, such as alcoholic and mentally ill women, were mixed with men and children with similar disabilities. Indeed, it was not unusual to find mother and child sharing the same cell. "The mothers...of course sleep with their infants, and nurse them at meals and other intermissions." (Senate Report No. 110, March 1870)

Even though a reformatory for women prisoners had been built at Framingham by the turn of the century, the courts continued to sentence women convicted of minor offenses, such as public drunkenness and vagrancy, to Bridgewater. The Prison Commissioners Report of 1900 notes that, of the 700 inmates detained at the State Farm on October 1 of that year, 40 were women, 39 of whom had been committed for breaking the "drunkenness laws."

In the early decades of the twentieth century, fewer women were held at Bridgewater. With the closing of the Defective Delinquent unit in 1971, commitment of women to MCI-Bridgewater came to an end. Until the mid-1970's, MCI-Framingham housed only those female offenders who were serving state prison sentences, while the county jails and houses of correction held women sentenced to two and one half years or less and those detained awaiting trial. However, as a result of both the overcrowding in other county correctional facilities and a federal court order that sent women awaiting trial at the Suffolk County Jail to Framingham, MCI-Framingham has assumed both the sentenced and pre-trial female offender populations from the

counties.

Unlike the Commonwealth's prison system for men, there is no separate facility to manage mentally ill female offenders. In 1978 the legislature added statutory provisions for the establishment within the Department of Mental Health of an "intensive care unit" (I.C.U.) as the woman's counterpart to the State Hospital at Bridgewater. Several attempts at siting such a facility failed and, in 1986, the I.C.U. provisions were striken from the law. Clinical staff estimate that of the 350 to 400 inmates at MCI-Framingham, there are on any given day at least 35 women who suffer from some serious mental health problem. Unfortunately, these women are confined either in the maximum security unit or in Algon Cottage, where they receive mental health day treatment services from the Department of Mental Health. Mentally ill women offenders not requiring strict security can be transferred to a DMH facility.

Until April 1987, alcoholic women civilly committed for treatment were sent to MCI-Framingham. Following publicity of the poor conditions and lack of treatment at MCI-Framingham, the Department of Public Health developed an array of services including a network of detoxification and diagnostic services and a new 20-bed rehabilitation program at the Massachusetts Osteopathic Hospital in Jamaica Plain.

BRIDGEWATER TODAY

Today, Bridgewater holds a total of 1,816 inmates and patients--414 in the State Hospital, 251 in the Treatment Center, 341 in the Addiction Center, 720 in SECC and 90 in the Old Colony Correctional Center. By the end of FY 1988 with the completion of the OCCC Bridgewater will house over 2,300 inmates. In many ways the residents of Bridgewater today are not very different from those found at the complex in the 1800's: men who are afflicted with mental illness, drug addiction, alcoholism, homelessness, and other "disease(s) which is in itself a proof of their abandoned character." (Senate Report No. 110, 1870)

Bridgewater has evolved into a complex of institutions each with a different purpose, a multitude of admission procedures, populations of mixed legal status and treatment needs, and a range of discharge procedures.

A. Enabling Legislation

The institutions at Bridgewater operate under a variety of statutory authorizations. Three state agencies, the Department of Correction, the Department of Mental Health and the Department of Public Health, are charged with some level of responsibility for the care, custody, and treatment of the inmate population.

Chapter 125, s1 of the Massachusetts General Laws establishes the main facility as an institution of the Department of Correction (DOC). Its three units are authorized under other statutes.

o MGL c.125, s18--The State Hospital is established as part of the Department of Correction. The Department of Mental Health shares the appointing authority for the position of Medical Director who governs the Hospital.

o MGL c.123A, s2--The Department of Mental Health is given the responsibility of operating the Treatment Center which must be housed within a correctional facility approved by the Department of Correction. Security for the Treatment Center is also provided by the DOC.

o MGL c.111B, ss4 and 5--The Department of Public Health is responsible for licensing the Addiction Center.

o MGL c.111E, s5--The Department of Public Health is responsible for providing treatment facilities for the care and treatment of drug dependent persons. It has approved the Addiction Center as such a facility.

B. Hospitalization for Observation and Examination

Due to the various functions and responsibilities of the complex, persons are sent to Bridgewater for examination and observation in various ways and for a number of purposes.

Men who are believed to be mentally ill and who require strict security are admitted to the State Hospital for short-term observation and examination. Included among this group are:

o mentally ill men admitted to the Department of Mental Health whom the Department believes are not a proper subject for a DMH facility (5 day observation) (MGL c.123, s13);

o defendants whose competency to stand trial or criminal responsibility is questioned by the

court and who need strict security (20 to 40 day observation and examination) (MGL c.123, s15(b));

o persons found not competent to stand trial or not criminally responsible for whom the court is considering commitment to a mental health facility (20 day observation and examination) (MGL c.123, s16);

o persons found guilty of a criminal offense for whom the court wishes an examination to aid in sentencing (MGL c.123, s15(e)); and

o sentenced inmates whom the correctional institution believes are mentally ill (30 day observation) (MGL c.123, s18(a)).

Seventy percent of the men at the State Hospital are there for observation and evaluation.

Admission to the Treatment Center for examination and observation is authorized for three populations:

o persons convicted of certain sexual offenses (60 days for examination and diagnosis) (MGL c.123A, s4);

o prisoners whom the correctional facility administrator believes are sexually dangerous (MGL c.123A, s6); and

o persons requesting voluntary admission to the Center (MGL c.123A, s7).

Admission to the Addiction Center for examination is limited to alcoholics, those incapacitated by alcohol, and persons who voluntarily request admission as a drug dependent person (MGL c.123, s35).

C. Long-Term Commitment for Care and Treatment

The Bridgewater complex also houses men who are civilly committed or transferred for longer term care and treatment.

The State Hospital takes commitments of two populations:

o mentally ill persons who the court determines need strict security and are not proper subjects for a DMH facility (MGL c.123, ss 7 and 8); and

o convicted prisoners determined by the court to be mentally ill, in need of strict security, and not a proper subject for a DMH facility (MGL c.123, s18(a)).

These commitments must be reviewed after six months of the first commitment order and annually thereafter. *Approximately 30 percent of all patients at the State Hospital are committed for long-term treatment.*

The Treatment Center receives persons convicted of a sexual offense and committed by the court as sexually dangerous. The person is sentenced for the offense and then civilly committed to the Center for an indefinite period of one day to life for treatment and rehabilitation. In addition, if an inmate sentenced for any offense is determined by a court to be sexually dangerous, the court may commit him to the Center for an indefinite term. Finally, a person believing himself to be sexually dangerous may voluntarily apply to the Department of Mental Health for admission and treatment.

The Addiction Center receives civilly committed alcoholics (30 days), voluntary admissions of alcoholics (10 days), voluntary admissions of drug dependent persons, and court-assigned drug dependent criminal defendants (18 months or the maximum possible sentence).

D. Discharge

As with admissions, the process for discharge varies. In some cases, the burden is on the Commonwealth; for others it is on the individual. For those committed to the State Hospital, the state must move for recommitment after the first six months and every year after that.

For sexually dangerous persons committed to the Treatment Center, the person is allowed to petition the committing court for discharge once every twelve months. In addition, if the Department of Mental Health finds that the person is no longer sexually dangerous it may petition the court for discharge immediately. In either case, discharge from the Center does not terminate the concurrent criminal sentence.

The Addiction Center must discharge court committed alcoholics after thirty days. However, they may remain longer if they wish or until the Center determines that treatment is no longer needed. Drug dependent persons may also remain at the Center until the Center determines that treatment will no longer be of benefit; voluntary admissions

may terminate their stay at any time. Those assigned as a drug dependent criminal defendant must apply to the court for discharge. The application may be made at any time but no more than once every three months.

E. Population Trends

1. Bridgewater State Hospital

The population at Bridgewater State Hospital during 1987 has averaged 429 patients, continuing a two year decline. In 1985 the population stood at 522; last year it averaged just 460 patients.

The Hospital admits more than 1,200 patients annually. Of these, 45 percent are transferred to Bridgewater from the courts for pre-trial and post-trial evaluations; another 45 percent are sentenced inmates transferred from county houses of correction and state prisons; and 10 percent are civilly committed mentally ill persons transferred by the Department of Mental Health from its facilities.

With regard to staff, the institution employs 225 correctional officers and 40 full-time clinical staff.

2. Treatment Center

The average daily population at the Treatment Center during 1987 has been 263. In contrast to the State Hospital, the Center has witnessed an increase in its population: in 1985 it averaged 239; in 1986 it averaged 251 patients, peaking at year-end to 264. Over the last five years, the population at the Treatment Center has grown almost 45 percent, from 184 to 263.

A study released this year indicates that a majority of persons committed to the Center have had extensive contacts with both the correctional and mental health systems. In a sample of 175 patients, 92 percent reported a prior adult prison commitment, and 72 percent reported a prior commitment to an adult psychiatric facility. The report indicates that many of these inmates experience family problems beginning in early childhood, including parental substance abuse and psychiatric illness. Fifty-seven percent of the inmates come from broken homes. In 60 percent of the cases, the inmate reported that his mother had either a psychiatric, criminal history, and/or a substance abuse problem; and in 100 percent of the cases the inmate's father had a history of at least one of these problems. (Bard et. al., 1987)

3. Addiction Center

The average population at the Addiction Center has remained steady at approximately 350. The Department of Correction also notes that the Addiction Center is currently at 81 percent of design capacity.

4. Medium Security Prisons

Of all the facilities at the Bridgewater complex, the Southeastern Correctional Center clearly has witnessed the largest growth in population. Between 1982 and 1987, its population has increased almost 150 percent. Most dramatic, however, is the fact that this increase was largely felt in just the last two years when the inmate count at SECC climbed from an average of 371 in 1985 to an average of 637 in October 1987. This increase mirrors the overcrowding experienced throughout the Commonwealth's prison system. (See Crisis in Corrections Update, Senate Committee on Ways and Means, April 1987.)

A new medium security facility, Old Colony Correctional Center, with a design capacity of 459 is scheduled to open at the Bridgewater complex by the end of the year.

FINDINGS AND CONCLUSIONS

The problems experienced at Bridgewater are the product of 130 years of unplanned and haphazard evolution. Since the inception of the Almshouse in 1855, the Bridgewater complex has been the repository of those citizens difficult to treat and unwanted by any other institution of the Commonwealth. They were the vagrants, paupers, and tramps of the nineteenth century, and they are the mentally ill, alcoholics, and homeless of today. It was a common practice in the nineteenth century to remove undesireable elements from urban areas. As one informed commentator notes, the institution was established "a two day horse ride" from nineteenth century society.

The problems at Bridgewater continue to be centered around organizational structure, resource issues, policy conflicts, and treatment issues. For 100 years, the institutions at MCI-Bridgewater have been required to care for and treat both criminal offenders and civilly committed persons. Since the end of the nineteenth century, multiple state agencies have been responsible for some part of the institutions or their operation. Today, there are three state agencies which share some level of

responsibility for the care and treatment of the inmate population -- the Departments of Correction, Mental Health, and Public Health.

In recent years the Senate has authorized several remedial steps: appropriations for the Department of Mental Health to establish secure care facilities for severely mentally ill men and women; creation of a new forensic services unit within DMH to provide services and assistance to the courts, prisons, and mental health facilities managing mentally ill offenders; and capital appropriations for improvements to DMH hospitals. However, much more remains to be done.

A. Short-Term Recommendations

The Senate Ways and Means Committee recognizes that an immediate need exists to increase the staff at the State Hospital in order to create a safe environment for the patients. The testimony at the public hearing held by the Committee on November 8, 1987, overwhelmingly endorsed the Governor's supplemental budget request. The Committee believes that such resources are critical for the immediate care and safety of the patients at the hospital. A total of $3,445,000 in supplemental funding is recommended for Bridgewater State Hospital to provide additional resources to adequately manage, staff, and secure the facility for the balance of the fiscal year. Specific recommendations include:

o Clinical Treatment and Patient Supervision $1,808,900 is provided to fund the cost of 148 new direct care health and mental health staff to increase clinical treatment and evaluation capacity, and improve patient monitoring and recreational services. Included are psychiatrists, psychologists, nurses, social workers, and mental health workers. Sufficient funds have also been provided to allow immediate hiring of 36 specially trained observers for seclusion and restraint monitoring.

o Management, Security, and Administrative Staff - $466,100 is recommended to add 38 additional positions to improve management, security, clerical, and maintenance staffing resources at the hospital. Included are new directors of patient services, quality assurance, nursing, food services, and staff development.

o Alleviation of Overcrowding - To provide space to accommodate the significant increase in positions included for the hospital, two approaches are recommended. $180,000 in supplemental funding is provided for two new modular units to house management and administrative staff. An additional $100,000 is also included to purchase furnishings for the new modulars and for replacing patient recreational equipment.

The second method recommended is the inclusion of authorization for the Department of Mental Health to lease or purchase modulars, or to renovate or construct facilities on the campuses of the mental health hospitals, in order to provide appropriate and secure facilities for treatment of mentally ill patients. Authorization is provided for expenditure of funds from certain existing capital outlay funds.

o Development of a Comprehensive Forensic Mental Health System The Committee strongly supports efforts by the Department of Mental Health to develop court-based forensic mental health services and mental health services in county correctional facilities in order to eliminate unnecessary referrals to Bridgewater, thereby easing the overcrowding situation at the hospital. The sum of $590,000 is included to provide full funding for first year implementation of a multi-year phased-in program to allow development of the following four service components:

- Management Services - $276,634 is included for 20 new positions, personal computers, and equipment to develop a field management structure integral to the development of the Department's regional program structure.

- Training - In order to significantly increase the number of mental health professionals who are clinically skilled at assessing severely mentally ill persons and who are familiar with court and correctional environments, $125,500 is provided to fund specific training programs in mental illness and forensic evaluation,

- Court Clinics and Forensic Mental Health Teams - Over the next few years the Department plans to develop 10 new forensic mental health teams to provide services to the District, Superior, Probate, and Juvenile Courts. Funds are included here for two complete teams to begin this process.

- County Correctional Mental Health Services - Similarly, the Department intends to develop, on a phased-in basis, a comprehensive forensic mental health service system for inmates in county correctional facilities. Funds are provided here for four teams, each of which will include a part-time

psychologist and psychiatrist, and a full-time social worker.

o Audio visual monitors: To assist staff in their efforts to monitor hospital patients in seclusion and restraint, $300,000 is provided to allow the Department to design, purchase, and install appropriate audio visual equipment.

In addition, the Committee endorses, in general, the amendments made by the House of Representatives.

B. Long-Term Recommendations

Any long-term solution of the problems at Bridgewater will require a broader examination of the Commonwealth's forensic mental health system and of the evaluation and treatment of mentally ill men and women who are in need of care in a secure environment. For this reason, the Senate Committee on Ways and Means today calls for the creation of a special advisory panel to conduct such an inquiry.

This panel, consisting of experts in the fields of forensic mental health, forensic psychiatry, criminology, law, and management will be assisted by the Secretary of Human Services, and the Commissioners of Correction and Mental Health. An advocate for mentally ill persons confined to secure treatment facilities and a member of the judiciary will also sit on the panel.

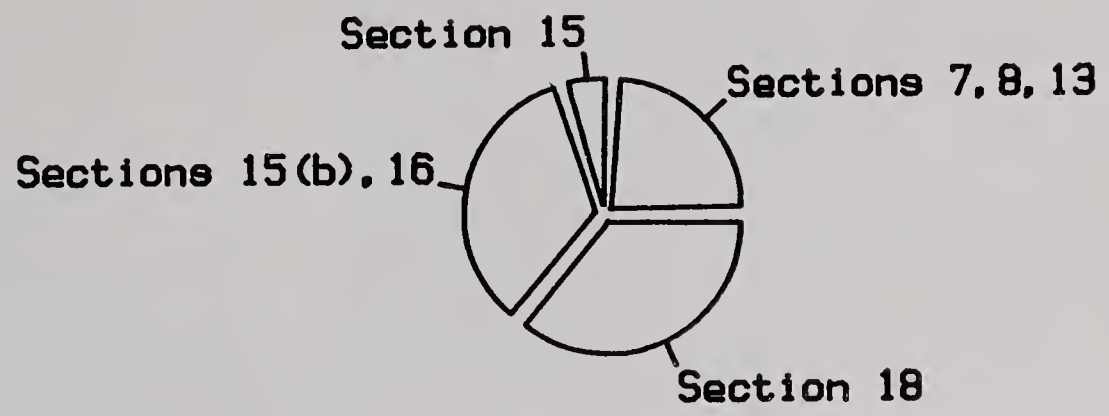
The panel will identify and evaluate the existing forensic mental health system, and its component parts within the Department of Correction, the Department of Mental Health, the judiciary, and the houses of correction. The panel will explore the admissions procedures for the State Hospital and make recommendations regarding any statutory changes.

The panel will examine and evaluate the existing organizational and management structure of each of the five institutions forming the Bridgewater complex, and will make recommendations regarding the future management of such facilities, including the allocation among the several state agencies of responsibility for the care of the various populations and the resources necessary for effective service delivery. The panel will also address the function of the Addiction Center and the appropriateness of its location in a correctional facility. The panel will be asked to examine the evaluation, admission, and release procedures of persons who are found not guilty by reason of mental illness, including the need of such persons for post-release monitoring or conditional release and the possibility of instituting a psychiatric review board. The panel will further examine the admission to and discharge from Bridgewater State Hospital of persons who have not been convicted of a crime or against whom no criminal charge is pending; the structure and operation of the court clinics; the structure of a forensic mental health system in the correctional system which addresses the needs of both men and women; the need for and management of a continuum of services for forensic mental health patients; the need for a mental health hospital in the correctional system; the response of the state's mental health hospital system to the needs of seriously ill persons who are violent; the need for accreditation for the state hospital; the care and treatment of mentally ill women; and the efficacy and relevance of the categorization and commitment of so-called sexually dangerous persons. Finally, the panel will be asked to look at the buildings within the Bridgewater complex itself and make recommendations regarding their use and management.

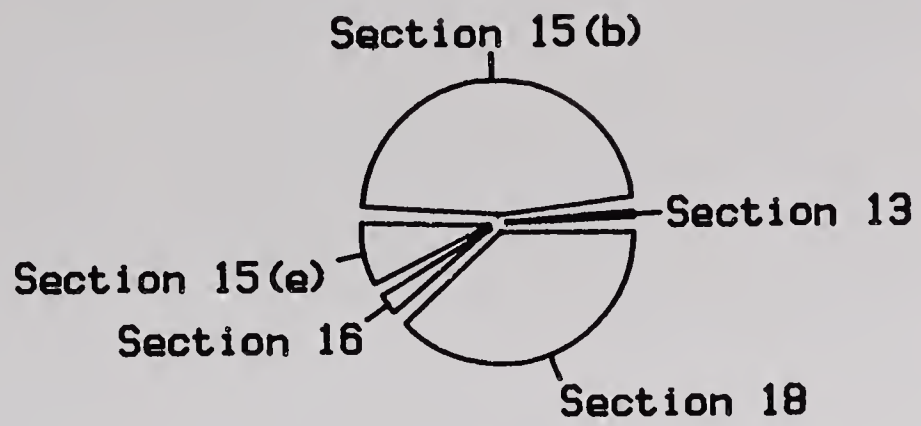
The panel will be authorized to travel out-of-state, and to examine the systems of other states, to employ experts as consultants when necessary, and to hire sufficient staff.

Finally, the panel will report to the Governor and to the Committees on Ways and Means of the House and Senate, the Joint Committee on Human Services and Elderly Affairs, and the Joint Committee on Criminal Justice on the results of its review and examination. The panel's report will be due on March 31, 1988, and will include any budgetary resources and statutory or administrative changes necessary to implement its recommendations.

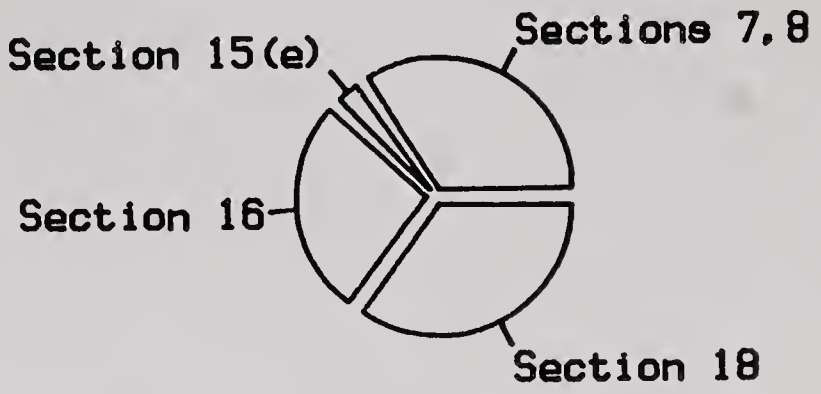
POPULATION AT THE STATE HOSPITAL BY TYPE OF ADMISSION



All Patients



Observation
30 Percent of All Patients



Longer-Term Commitment
70 Percent of All Patients

Source: Department of Correction

APPENDIX A
RELEVANT STATUTES

A. ESTABLISHMENT

Bridgewater operates under various statutory authorizations. Within those authorizations, three state agencies--the Departments of Correction, Mental Health, and Public Health--are charged with some level of responsibility for the care, custody, and treatment of the inmate population. The main facility, MCI-Bridgewater, is established as an institution of the Department of Correction by MGL c.5, s1. Three separate units of the institution are authorized under other laws.

1. Bridgewater State Hospital

MGL c.125, s18 establishes the State Hospital within the Department of Correction and as a part of MCI-Bridgewater. The Department of Mental Health is responsible for selecting, with the Department of Correction, the medical director to govern the institution.

2. Treatment Center for Sexually Dangerous Persons

The Treatment Center, charged with the "care, custody, treatment and rehabilitation of sexually dangerous persons," is authorized within the Department of Mental Health under MGL c.123A, s2. According to the statute, the Center shall be established at a correctional institution approved by the Commissioner of Correction.

3. Addiction Center

The Department of Public Health is responsible for establishing and maintaining services and facilities for the treatment of alcoholics (MGL c.111B, s4) and drug dependent persons (MGL c.111E, s4). Furthermore, it is charged with setting standards and regulations governing the care and treatment of alcoholic patients (MGL c.111B, s5). Chapter 111B, s4 directs the Department to approve the establishment of an alcoholic treatment unit for men at MCI-Bridgewater.

B. BRIDGEWATER STATE HOSPITAL - ADMISSION AND DISCHARGE PROCEDURES

1. Observation and Examination

Due to the various functions and services provided by the hospital, people may be admitted for observation and examination in a number of ways and for a number of purposes.

a. Mentally Ill Patients Who Act Violently: Persons committed to the Department of Mental Health may be transferred to Bridgewater State Hospital if it is determined that the person requires strict security and is not a proper subject for a mental health facility (MGL c.123, s13). This transfer is limited to five days.

b. Examination of Competency/Criminal Responsibility: In a criminal proceeding, if the court doubts the defendant's competency to stand trial or his criminal responsibility, it may order an examination regarding the defendant's competency, criminal responsibility, and need of care and treatment (MGL c.123, s15(a)). Following that examination, the court may hospitalize the defendant at Bridgewater State Hospital if the person is a male and is determined to need strict security for further examination and observation (MGL c.123, s15(b)). This observation period is limited to twenty days and may be extended to forty days.

c. Observation of Incompetent/Not Criminally Responsible: A person found not competent to stand trial or not guilty by reason of insanity may be hospitalized in Bridgewater State Hospital for examination and observation to determine whether the person should be committed to a mental health facility or Bridgewater State Hospital (MGL c.123, s16).

d. Aid in Sentencing: After a finding of guilty the court may order an examination to aid in sentencing. Hospitalization at Bridgewater State Hospital for this examination and observation may be ordered if the court determines the need for strict security (MGL c.123, s15(c)).

e. Mentally Ill Prisoners: The court may order a thirty day observation at Bridgewater State Hospital of prisoners believed to be mentally ill (MGL c.123, s18(a)).

2. **Commitment for Care and Treatment**

a. Mentally Ill Patients Who Act Violently and Are In Need of Strict Security: A mentally ill person may be committed to Bridgewater State Hospital if the court determines that he cannot be cared for by a mental health facility and needs strict security. The first commitment is for six months; recommitments are for one year (MGL c.123, s8(a)).

b. Mentally Ill Prisoners: A mentally ill prisoner may be committed to Bridgewater State Hospital by the court as provided in MGL c.123, s8(a). In addition, the prisoner may be transferred to Bridgewater State Hospital by the Commissioner of Correction if the court finds the person mentally ill and the Commissioner certifies to the court that the prisoner needs confinement at Bridgewater to insure continued custody (MGL c.123, s18(a)).

3. **Discharge**

a. Mentally Ill Persons: The commitment of mentally ill persons to Bridgewater State Hospital lapses after six months on the first commitment and after one year following recommitment. In order for the person to be retained at the State Hospital the medical director of the Hospital must petition the court for a renewal of the commitment order (MGL c.123, ss7 and 8).

C. TREATMENT CENTER - ADMISSION AND DISCHARGE PROCEDURES

1. **Observation and Examination**

a. Convicted Sex Offenders: The court may commit a person convicted of certain sexual offenses to the Treatment Center for 60 days for the purposes of examination and diagnosis (MGL c.123A, s4).

2. **Commitment for Care and Treatment**

a. Sexually Dangerous Persons: If a person is found by the court to be sexually dangerous, the court shall sentence him for the offense and may also commit the person to the Treatment Center for an indeterminate period of one day to life for treatment and rehabilitation (MGL c.123A, s5).

b. Sexually Dangerous Prisoners: If the administrator of a correctional institution believes that a prisoner is sexually dangerous he shall have the prisoner examined. If the examination indicates that the person may be sexually dangerous, the administrator may file a motion to commit the person to the Treatment Center. If the court finds that the person is sexually dangerous, it may commit him to the Center, to a mental health facility, to an out-patient treatment center, or make some other disposition consistent with the recommendation of the Department of Mental Health (MGL c.123A, s6).

c. Voluntary Admissions to the Treatment Center: If a person believes himself to be sexually dangerous, he may apply to the Department of Mental Health for admission to the Center (MGL c.123A, s7).

3. **Discharge**

a. Sexually Dangerous Persons: Persons committed to the Treatment Center may petition the committing court for examination and discharge once every twelve months. In addition, the Department of Mental Health may petition the court any time it feels the person is no longer sexually dangerous. If the court finds that the person is no longer sexually dangerous it must order the patient's discharge. However, this does not terminate the criminal sentence and any unexpired sentence must be served (MGL c.123A, s9).

D. ADDICTION CENTER - ADMISSION AND DISCHARGE PROCEDURES

1. **Observation and Examination**

a. Referral of an Intoxicated Person: A person incapacitated by alcohol may be assisted to a facility, including the Addiction Center, by a police officer and may be held until he is no longer incapacitated or for twelve hours, whichever is less (MGL c.111B, s8).

b. Examination of Drug Dependent Persons: A person who believes that he is drug dependent may apply for admission to a Department of Public Health drug treatment facility.

2. **Commitment for Care and Treatment**

a. Voluntary Admissions of Alcoholics: A person who is intoxicated or alcoholic may voluntarily apply for admission to the Addiction Center. Such an admission is required to stay for a period of ten days (MGL c.111B, s7).

b. Commitment of Alcoholics: Any police officer, relative, or guardian may petition the court for commitment of an alcoholic. If the court finds that a person is an alcoholic and that there is a likelihood of serious harm as a result of his alcoholism, it may commit the person to the Addiction Center at MCI-Bridgewater for a period of thirty days (MGL c.123, s35).

c. Drug Dependent Persons: If, after examination, the administrator of the drug treatment facility finds that the person is drug dependent the person may be admitted to the facility (MGL c.111E, s8).

d. Drug Dependent Criminal Defendants: For any defendant charged with a drug offense who may benefit from treatment, the court may stay the criminal proceedings and assign the person to a drug treatment facility. The order shall specify the period of assignment, but shall be no more than eighteen months or the maximum sentence he could have received had he been found guilty of the crimes charged (MGL c.111E, s6).

3. **Discharge**

a. Alcoholic Persons: A person admitted to the Addiction Center may remain for as long as he wishes or until the superintendent determines that continued treatment will no longer be of benefit. A commitment by the court lapses after thirty days. The person may be discharged sooner than thirty days if the superintendent of the facility determines that release will not result in serious harm (MGL c.123, s35).

b. Drug Dependent Persons: The patient may receive treatment so long as the administrator believes that it will continue to benefit him (MGL c.111E, s8).

c. Voluntary Drug Dependent Persons: A person voluntarily admitted to the treatment facility may terminate his stay at any time (MGL c.111E, s8).

d. Assignment of Drug Dependent Criminal Defendants: A defendant assigned to a treatment facility

may apply to the court for discharge at any time, provided that not more than one application for discharge may be made in one three month period (MGL c.111E, s10).

E. CARE AND TREATMENT OF WOMEN

In the Commonwealth, all women prisoners who may require examination or treatment for mental illness are housed at MCI-Framingham, the state's prison facility for sentenced and awaiting trial women. Until recently, women suffering from alcoholism were committed to the same institution.

1. Mentally Ill Women Patients

There is no comparable Bridgewater State Hospital for mentally ill women who act violently. Instead, they are cared for within the Department of Mental Health system.

a. Mentally ill women requiring examination regarding competency or criminal responsibility are hospitalized at state hospitals or community mental health centers.

b. Civilly committed women who act violently are placed by the Department of Mental Health within its own facilities.

2. Mentally Ill Women Prisoners

Women sentenced to or detained at MCI-Framingham who the prison superintendent believes may be mentally ill are cared for through one of two options.

a. Mentally ill women prisoners requiring strict security are managed within MCI-Framingham and housed in the maximum security unit or a special cottage with Department of Mental Health staff providing care and treatment.

b. Mentally ill women prisoners not requiring the security of MCI-Framingham are transferred to a Department of Mental Health facility (MGL c.123, s18(a)).

3. Alcoholic Women

Until April 1987, alcoholic women civilly committed for treatment (MGL c.123, s35) were sent to MCI-Framingham. As provided in MGL c.111B, s4, the Department of Public Health approved the establishment of an addiction center within the prison. A combination of severe overcrowding and limited resources left these women forgotten and ill-cared for. The Department of Public Health has recently developed an array of services to care for these women outside of MCI-Framingham.

APPENDIX B

MCI - BRIDGEWATER POPULATION TRENDS: 1982-1987

	1982		1983		1984		1985		1986		1987**	
	DEC. 82	AVG.	DEC. 83	AVG.	DEC. 84	AVG.	DEC. 85	AVG.	DEC. 86	AVG.	DEC. 87	AVG.
STATE HOSPITAL	463	*	449	*	488	*	490	639	444	460	407	429
ADDICTION CENTER	381	*	367	*	350	*	359	347	334	358	360	375
TREATMENT CENTER	197	*	215	*	234	*	245	239	263	251	260	263
MCI-BRIDGEWATER	1041	1028	1031	1055	1072	1060	1094	1225	1041	1069	1027	1067
SECC	275	258	278	262	340	320	400	371	568	505	669	637

*Note: For years 1982, 1983, and 1984 Bridgewater State Hospital, Addiction Center, and Treatment Center were counted as one unit.

**Note: Through October, 1987

HISTORICAL CHART

1855 *Opening of Almshouse for Paupers*

1866 *Almshouse becomes Workhouse for Vicious Paupers*

1887 *Workhouse becomes State Farm*

1895 *Department called State Asylum for Insane Criminals formally added to State Farm*

1899 *In re Donne, 54 N.E. 244, 173 Mass. 550, -- If insane prisoners do not recover before the expiration of their sentence, they must remain as a civil commitment*

1919 *Chapter 199--provided for the transfer of supervision of the State Farm from the State Board of Charity and Trustees of the State Infirmary and State Farm to the Bureau of Prisons*

1922 *Chapter 535--provided for the civil commitment of drug addicts to the State Farm; the Department for efective Delinquents is established at the State Farm*

1955 *State Farm becomes MCI-Bridgewater*

1958 *Sexually dangerous person laws passed*

1959 *SDP Treatment Center is opened*

1968 *Superior Court hearings held at State Hospital*

1971 *Defective Delinquent law abolished; unit closed; drunkenness laws repealed*

1974 *New 450-bed State Hospital opens*

1975 *McLean's hospital wins treatment contract at State Hospital*

1976 *Southeastern Correctional Center opens in old State Hospital building*

1986 *New $22 million Treatment Center opened*

1987 *Old Colony Correctional Center slated to open by end of year*